


APPLICATION FOR UNITED STATES PATENT

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor if only one name is listed below, or an original, first and joint inventor if plural inventors are named below, of the subject matter which is claimed and for which a patent is sought on the invention entitled as set forth below, which is described in the attached specification; that I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration; that no application for patent or inventor's certificate on this invention has been filed by me or my legal representatives or assigns in any country foreign to the United States of America; and that I acknowledge my duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, section 1.56.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

TITLE OF INVENTION: WIRELESS USER TERMINAL AND SYSTEM HAVING SIGNAL CLIPPING CIRCUIT FOR SWITCHED CAPACITOR SIGMA DELTA ANALOG TO DIGITAL CONVERTERS		
POWER OF ATTORNEY: I HEREBY APPOINT THE FOLLOWING ATTORNEYS TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH: CUSTOMER NUMBER: 23494		
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SIGNATURE OF INVENTOR: 	SIGNATURE OF INVENTOR: ---	SIGNATURE OF INVENTOR: ---
DATE: 30 Apr 01	DATE:	DATE: